



REPORT OF RECEIPTS AND EXPENDITURES  
OF A POLITICAL COMMITTEE

State Form 4606 (R13/11-05)  
Indiana Election Commission (IC 3-9-5-14)

FILED

(CFA-4)

Summary Sheet

FILE NUMBER

2012 JAN 18 PM

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this form. For assistance in completing this form, see instructions on the reverse side.

IS THIS AN AMENDMENT? ☐ Yes ☒ No

TOTAL PAGES IN ENTIRE CFA-4 REPORT

COMMITTEE INFORMATION

1. Full Name of Committee (as on Statement of Organization) ☐ Check if this is a new name

Jack Colwell for Fishers Clerk-Treasurer

2. Acronym or Abbreviated Name (if any)

3. Committee Telephone Number

(317) 578-4978

4. Mailing Address (address where all campaign finance correspondence is received) ☐ Check if this is a new address

P.O. Box 343

5. City, State, ZIP Code

Fishers IN 46038

6. Party Affiliation (if applicable)

Republican

CANDIDATE INFORMATION (For Candidate's Committees Only)

7. Full Name of Candidate (include any nickname)

Jack Donald Colwell Jr.

8. Party Affiliation or If Independent Candidate

Republican

9. Office Sought (include district number, if any. Not required for exploratory committee.)

Fishers Clerk-Treasurer (Primary 2011)

10. County of Residence

Hamilton

TYPE OF REPORT

11. Check one:

☐ Pre-Primary ☐ Pre-Election ☒ Annual ☐ Nomination ☐ Other

☒ Final/Disbands Committee (lines 18, 19, and 20 must be "0") ☐ Outgoing Treasurer (within 10 days amend Statement of Organization)

Check one:

☐ Pre-Convention

☐ Post-Convention

12. Reporting Period:

From: April 9, 2011

Through: December 31, 2011

COLUMN A  
This Period

COLUMN B  
Year to Date

13. Cash on hand and investments at the beginning of this reporting period.

1,817.64

14. Cash on hand and investments January 1, current year.

0.00

CONTRIBUTIONS AND RECEIPTS

(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)

15a. Itemized (use Schedule A)

0.00

3000.00

15b. Unitemized

114.03

214.03

15c. Add lines 15a and 15b in both columns

SUBTOTAL

114.03

3214.03

16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B

TOTAL

1931.67

3214.03

EXPENDITURES

(Note: These amounts include in-kind expenditures and loan repayments.)

17a. Itemized (use Schedule B) (Public Question: use Schedule C)

1930.60

3197.51

17b. Unitemized

1.07

16.52

17c. Add lines 17a and 17b in both columns

SUBTOTAL

1931.67

3214.03

18. Cash on hand and investments at close of this reporting period (subtract 17c from 16 in both columns)

TOTAL

0.00

0.00

19. Debts OWED BY the committee (use Schedule D)

0.00

20. Debts OWED TO the committee (use Schedule E)

0.00

CERTIFICATION

I OF MY KNOWLEDGE AND BELIEF IT IS TRUE, CORRECT AND COMPLETE.

Title

Treasurer

Date

1-18-12

Date

for sale or used for any commercial purpose. (IC 3-9-4-5) A person who knowingly person who fails to file a complete or accurate report as required by the Indiana and may be subject to civil penalties. (IC 3-9-4-16, IC 3-9-4-17, IC 3-9-4-18)

JACK COLWELL

3175773755

01/16/2012 22:09

FOR OFFICE USE ONLY

PM 12:30



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(CFA-4 SCHEDULE B)  
ITEMIZED EXPENDITURES

**INSTRUCTIONS:** Please type or print legibly in **BLACK INK** all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document expenditures **totaled on ITEM 17a** of the Summary Sheet. All cumulative expenses paid to individuals, businesses, labor organizations and other entities **OVER \$100** per recipient, within a calendar year **MUST** be itemized on this schedule (**over \$200, if regular party committee**). All cumulative expenses, including in-kind, **regardless of amount** paid to political committees, (such as transfers-out from candidate, legislative caucus, political action, or regular party committees) **MUST** be itemized on this schedule.

FILE NUMBER

Page \_\_\_\_\_ of \_\_\_\_\_

RECIPIENT'S NAME AND MAILING ADDRESS (Street, number, city, state, ZIP code)	RECIPIENT'S OCCUPATION OFFICE SOUGHT (if applicable)	TYPE OF EXPENDITURE and PURPOSE (be specific)	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE
Code _____ Staples 8640 E. 96 <sup>th</sup> ST. Fishers, IN 46038	Printer	<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: Hand Bills	454.49	454.49	4/14/11
Code _____ Hamilton County Republican Party 7246 Fishers Crossing Dr. Fishers, IN 46038		<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: Lincoln Pk.	\$35.00	35.00	4/13/11
Code _____ Britt Interactive LLC P.O. Box 36097 Indpls, IN 46236		<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: Ad in at Gest	\$400.00	400.00	5/2/11
Code _____ Facebook, Com (Online Payment)		<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: AAs	201.11	201.11	5/2/11
Code _____ Current Publishing 1 South Rangeline Rd. #220 Carmel, IN 46032		<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: Ads	690.00	690.00	5/17/11
Code _____ Hamilton Co. Republican Party 7246 Fishers Crossing Dr. Fishers, IN 46038		<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: Breakfast Club	185.00	185.00	5/14/11
Code _____		<input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose:			
SUBTOTAL THIS PAGE OF SCHEDULE B			\$1930.60		
TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY (Enter total on ITEM 17a of the Summary Sheet)			\$1930.60		